

sinus was then found to be exposed by necrosis of its bony covering. The sinus-wall was free from disease, but it did not pulsate. It was punctured, but neither blood nor pus was aspirated. It was evident that the thrombus then shown to be present was solid, and *further interference with it was deemed inadvisable*. The wound was tamponed and bandaged. The temperature went down immediately, but came up the next day to 39.8° C. after a chill. The seventh day after the operation the spleen could not be felt. From the fifth day of the operation the temperature remained normal. On the tenth day the patient left her bed, and in one month she was dismissed from the hospital entirely well, with very good hearing in the previously diseased ear. (But the secondary infection of the middle ear from the improper treatment of the ear in the acute stages of its inflammation jeopardized the life of the patient.)

DERMATOLOGY.

UNDER THE CHARGE OF

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Gelanthum, a New Aqueous Varnish.—P. G. UNNA, of Hamburg (*British Medical Journal*, October 17, 1897), considers this substance capable of being made into an almost ideal aqueous varnish. It is a combination of tragacanth and gelatin. The preparation is made as follows: pieces of crude tragacanth are emulsified cold for four weeks with twenty times their volume of water. They are then treated with steam for one day, and pressed through muslin. An equal amount of gelatin is swollen up cold, filtered in a steam-filter, with long exposure to steam-pressure, which takes from it part of its power of gelatinizing. The mixture of the two is allowed to stand for two days in steam. After being pressed once more through muslin, it is mixed with 5 per cent. of glycerin, some rose-water, and 2 per 10,000 thymol, in order to prevent the growth of fungi.

Compared with other known watery varnishes, it has the following advantages: 1. It may be better spread. 2. It dries more rapidly and with a smoother surface. 3. It feels more cooling, on account of the greater amount of water it contains. 4. It keeps the drugs that may be incorporated with it suspended, and distributes them more evenly on the skin. 5. It prevents the drying of hygroscopic drugs, such as ichthyol. 6. It permits the addition of grease. 7. If protected from drying, it may be kept a long time. Unna looks upon it (after thorough experimentation) as a vehicle of the same perfection and trustworthiness as the salve-muslins, plaster-muslins, and zinc-gelatins.

The power of the incorporation of the gelanthum with the most varied drugs (which it owes entirely to the tragacanth) is extreme. It may be mixed with 50 per cent. of ichthyol; 40 per cent. of salicylic acid, resorcin, and pyrogallol, up to 5 per cent. of carbolic acid, and 1 per cent. of corrosive sublimate, without influencing its value as a varnish. Two incompatible bodies, such as salicylic acid and zinc oxide, or ichthyol and salts, substances which combine in a watery solution or precipitate, remain in gelanthum without any mutual action.

The Etiology and Pathogenesis of Psoriasis.—KUZNETZKY (*Archiv für Dermatologie und Syphilis*, Band xxxviii. Heft 3) presents the results of his study of psoriasis in the following thesis: It is not correct to say that psoriasis appears exclusively or chiefly in otherwise sound individuals. Psoriasis occurs upon real mucous membranes; also upon cicatrices. The parasitic theory of psoriasis is untenable. Psoriasis itself is not transmissible, but the disposition to psoriasis. The "disposing element" is an abnormal irritability of the central nervous system. The arthropathies in severe psoriasis are probably to be identified with neither rheumatism nor gout. These peculiar arthropathies variously observed in severe psoriasis are with great probability co-ordinate with psoriasis, and are to be traced to the same cause, viz., a chronic condition of spinal irritation. It is certain that psoriasis can arise directly in connection with psychic affections. It is just as certain that extensive psoriasis can disappear spontaneously in the briefest period. Psoriasis can appear strictly unilateral. Hyperæmia is the primary change in the pathogenesis of the psoriasis eruption. This hyperæmia is neither of an inflammatory nor paretic nature, nor is it the result of stasis; but it is to be regarded as an angioerethistic process. First attacks of psoriasis have been observed at the same time and place as mechanical irritation. One may with great probability assume that the conjunction of two factors is necessary for the occurrence of the eruption of psoriasis: the effects of traumata of whatsoever nature, usually trifling, upon vascular areas whose spinal centres are in a chronic condition of irritation. This condition of irritation of the spinal vasomotor ganglia may be inherited or acquired. It is possible that it is only functional, but the possibility remains that in many cases material lesions of the substance of the spinal cord exist; this can only be decided through systematic anatomical investigation of the spinal cord.

Eosinophilia in Psoriasis.—LEREDDE (*Annales de Dermatologie et de Syphiligraphie*, 1897, No. 2) at a recent *séance* of the Société Française de Dermatologie et de Syphiligraphie, communicated the results of his study of the blood in psoriasis from the point of view of eosinophilia. Thirteen patients were examined, and an average of three eosinophiles in a hundred leucocytes was obtained. Neither the intensity of the psoriasis nor its age seemed to have any influence. A patient, aged sixty-four years, affected with chronic bronchitis and emphysema, showed no eosinophiles in the circulation. Another patient of the same age, affected with a generalized and inveterate psoriasis, presented an eosinophilia of six per hundred; but this patient had recently had an intestinal trouble and had been subjected to an energetic

treatment with pyrogallol. Leredde's researches confirm the results obtained by Canon, who observed an average of 3.72 eosinophiles per hundred. As the result of his study, Leredde concludes that a slight increase of eosinophiles in the circulation exists in certain psoriatic patients; but this increase is not constant. A true pathological eosinophilia is observed exceptionally in some patients; this depends at times upon the treatment to which they have been subjected.

Oil-rubbing in Dermatological Practice.—H. S. PURDON (*Dublin Journ. Med. Sci.*, January, 1897) directs attention to the value of the ancient plan of treating chronic diseases by this means. Rubbing with oil, to avoid fatigue, in the case of invalids should be done by another, and is especially useful for delicate children and youths. The weight in a few weeks will be increased by several pounds. Good olive oil and cacao-butter, perfumed with oil of bitter almond or bergamot, are recommended. Ichthyosis, pityriasis rubra, chronic squamous eczema, and scarlatina are especially benefited by such oils.

The Anatomy of Pityriasis Versicolor.—WÆLSCH (*Archiv für Dermatologie und Syphilis*, Band xxxviii. Heft 2), supplementing his earlier communications concerning the anatomy of the hyphomycoses, discusses the histopathology of pityriasis versicolor. The fungus is localized chiefly in the middle and basal portions of the corneous layer of the epidermis. In the middle portions are more or less dense masses of spores, and between these a thick network of fungus-threads, while in the basal parts only mycelia are to be observed. In the upper parts of the corneous layer the elements of the fungus are found in trifling quantity. The middle portions of the horny layer, where the fungus is abundant, are separated by the spores and mycelia, giving rise to the scaling characteristic of the affection. The growth of the fungus does not go beyond the basal parts of the corneous layer. In the region of the hair-follicle mycelia are found only in those layers of the infundibulum which are continuous with the stratum corneum. The microsporon is never found in the internal root-sheath, nor in other parts of the hair-follicle which are derived from the stratum mucosum. The stratum mucosum never shows any pathological changes; the sebaceous and sweat-glands appear normal, and the hairs are free from fungus. In the derma, especially beneath the densest masses of fungus, slight hyperæmia of the superficial capillaries is found, as well as a small amount of exudation around these and the vascular loops in the papillæ.

Multiple Gangrene of the Skin.—HINTNER (*Archiv für Dermatologie und Syphilis*, Band xxxviii. Heft 2) reports a new case of multiple gangrene of the skin. The patient was a nervous, anæmic girl, twenty-one years of age. After a burn upon the left hand a vesicular eruption attended by severe stinging pain appeared, at first limited to the left arm, but later distributed over the whole body. With the evacuation of the contents of the vesicles upon the left arm discoloration occurred, and an eschar formed which fell off after a considerable time. The defect healed with the formation of scar keloid. Upon other portions of the body the lesions behaved somewhat differ-

ently. The blebs were tensely filled with pure serum or serum and blood, and ruptured after a short time, laying bare the corium; these healed by granulation without the formation of an eschar. After several outbreaks recovery took place, the affection having lasted over a year. The reporter believes the nervous system plays an important rôle in the disease, which depends, in his opinion, upon a trophoneurotic process.

DISEASES OF THE LARYNX AND CONTIGUOUS STRUCTURES.

UNDER THE CHARGE OF
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Rhinopharyngeal Growths.—DR. JOHN A. WYETH reports (*New York Medical Journal*, 1897, No. 14) the removal of large neoplasms of the nasopharynx and antrum maxillare by an original method, less mutilating than the ordinary methods by access externally; but for its detailed description we must refer to the original article.

Neuroses of the Larynx.—At the meeting of the Laryngological Society of London (*Proceedings of the Laryngological Society*, March 10, 1897) a number of interesting cases, for the details of which we must refer to the proceedings, were exhibited as follows:

A case of functional aphonia, with ventricular band phonation, in an unmarried lady, thirty-six years of age, shown by DR. GRANT.

A case of double abductor and tensor paresis in a tabetic subject in an elderly man, shown by DR. GRANT.

Double abductor paralysis, with new growth at base of tongue, shown by DR. ST. CLAIR THOMSON. This case was reported by the late Dr. Morell Mackenzie, in the *British Medical Journal*, December 24, 1870, and a noisy breathing and other conditions were attributed to the results of a stab-wound in the neck.

In the recent discussion upon this case MR. BUTLIN thought that the tumor at the base of the tongue did not look like carcinoma, and was possibly a tertiary lesion; while DR. SEMON, after alluding to the paralytic features in the case, expressed the opinion that as the patient had had syphilis prior to the infliction of the injuries, it was possible that all the various nerve-lesions might be the result of cerebral syphilis.

DR. PERMEWAN reports (*Journal of Laryngology, Rhinology, and Otolaryngology*, March, 1897) a case of bilateral abductor paralysis in a female child, five years of age, in which tracheotomy became necessary. The cause of the paralysis, which is still persistent, has not been made clear.

DR. P. WATSON WILLIAMS, of Bristol, reports (*Journal of Laryngology*,